

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18158

State File No.

FILED JUN 10 1943

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 300

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Donlin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 E. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. 2 Months
years, months or days)

3. (a) PRINT
FULL NAME

Eva Webster

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Earl Webster 6. (c) Age of husband or wife if
alive 38 years
7. Birth date of deceased June 6 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 11 Days 19 If less than one day
hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business Day Laborer
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Webster
(b) Address 314 E. 9th
17. (a) Burial (b) Date thereof 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Obenchee Okla

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Donlin Missouri
19. (a) 5-26-43 (b) Gertrude Sushorther
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Donlin
(If outside city or town limits, write "RURAL")
(d) Street No. 314 E 9th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on his not see him alive
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in right femur
Due to 16 & C
Due to 16 & C

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence May 25 1943
(c) Where did injury occur? Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home (Specify type of place) 25 E. 9th
While at work? (c) Means of injury Automatic

23. Signature P. Hunsaker (D. or other) Printed
Address Donlin Mo Date signed May 26

43-5-484

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address.....

Jopline Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.